

PHARMACIST-IN-CHARGE STATEMENT

(To be filled out when a change of PIC or the opening of a new pharmacy)

PHARMACIST NAME : _____ LIC #: _____

PLACE OF
EMPLOYMENT: _____ LIC #: _____

PHONE #: _____

(IF YOUR STORE IS A CHAIN, PLEASE MAKE SURE THE STORE NUMBER IS NOTED)

Does this Pharmacy handle controlled substances? ☐ yes ☐ no

What was the date of the last Controlled Substance Inventory: _____

1140-3-14(4) The out going pharmacist-in-charge shall, prior to departure, conduct with the successor pharmacist-in-charge a joint inventory of all controlled substances. In case of failure of the outgoing pharmacist-in-charge to comply with this requirement, the successor pharmacist-in-charge shall conduct such inventory alone.

Old Pharmacist-In-Charge: _____ Left as of Date: _____

New Pharmacist-In-Charge: _____ Effective Date: _____

If your Pharmacy is located OUT OF STATE, Your pharmacist-in-charge MUST have an Active Tennessee license.